STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055304	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookside Care Center	1221 Rosemarie Lane Stockton, CA 95207

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to protect one of four sampled residents (Resident 1) from misappropriation (the unauthorized use of funds or other property for purposes other than that for which intended) of property and personal belongings, when Resident 1's cell phone went missing while he was hospitalized .This failure caused Resident 1 emotional distress and had the potential for loss and theft for other residents' property while residing in the facility.Findings:A review of Resident 1's admission RECORD, indicated Resident 1 was originally admitted to the facility in 2022 and was readmitted in June of 2025 with multiple diagnoses which included incomplete paraplegia (limited movement and sensation in the lower extremities).A review of Resident 1's electronic health record (EHR) titled, Social Services Progress Note, dated [DATE], indicated, .Resident 7 day bed hold [allows residents of long-term care facilities to reserve their bed for up to seven days when transferred to a hospital, ensuring their spot upon return] is expired . SSD [Social Services Director] requested CNAs [Certified Nurse Assistant] to gather [Resident 1's] belongings to mark residents [sic] name on bag and leave in the shower room. CNAs gathered electronics and items that are potentially expensive and are in a large brown box with name on it in SSDs room .A review of Resident 1's EHR titled, Social Services Progress Note, dated [DATE], indicated, .SSD told resident that his belongings is with SSD. SSD asked resident if he would like SSD to bring all belongings. Resident noted to just hold on to belongings in the meantime .A review of Resident 1's EHR titled, Social Services Progress Note, dated [DATE], indicated, .Resident noted the wants his [Brand name cell phone] and brown wallet. Upon search for resident wallet and [Brand name cell phone] through residents [sic] belongings. [NAME] wallet was found. However [Brand name cell phone] was not found. SSD to initiate theft and loss. Phone was not listed in residents inventory list. SSD to keep resident posted in regards to locating phone .A review of Resident 1's EHR titled, Activities Note, dated [DATE], indicated, .MESSAGED GROUP CHAT REGARDING MISSING CELL PHONE WHICH IS ON INVENTORY- [a facility inventory sheet used to keep track of residents' personal items/belongings] AND ALSO MISSING $20 [20 dollars] FROM WALLET .A review of an untitled facility provided document, dated [DATE], indicated Resident 1 had a blanket, one little fan, a cell phone and charger as his personal belongings on [DATE]. Further review of the document indicated, .I have read and signed this is an accurate list of my belongings This document was signed by a Certified Nurse Assistant (CNA) and License Nurse (LN) and dated [DATE].During an interview on [DATE], at 12:56 PM, with Resident 1 in his room, Resident 1 stated he was recently sent out to the hospital. Resident 1 further stated that while being prepared to be transported to the hospital, he had asked two Certified Nurse Assistants present to put his wallet, cellular phone, and personal items away. Resident 1 stated when he returned from the hospital his wallet, clothing, and his cellular phone were missing. Resident 1 stated in his wallet contained twenty dollars of cash, his identification card, social security card, insurance card and his ATM bank card. Resident 1 stated he reported everything to the facility and had not received any of his items back in return thus far. Resident 1 further stated he had been sad without his phone and was using a loaner phone from one of his friends but it was not the same.During an interview on [DATE], at 2:22 PM, with the Activities Assistant (AA), the AA stated her duties included one to one bedside activities in the room with Resident 1. The AA further stated she encountered Resident 1 daily. The AA stated Resident 1 had reported to her multiple times that his wallet, phone, and other items were missing while residing in the facility. The AA further stated each time he reported it to her she then reported it to her supervisor who then addressed it at her level.During an interview on [DATE], at 3:14 PM, with the Maintenance Director (MD), the MD stated Resident 1's items were placed in a common area that required a four digit code that all staff were aware of. The MD stated when residents were sent to the hospital their stuff was usually packed and placed in a clear bag in the back laundry/shower room in the facility. The MD stated Resident 1's items were eventually located by the housekeeper which included Resident 1's wallet. During an interview on [DATE], at 9:55 AM, with Resident 1, Resident 1 stated although he had reported his items missing a while ago no one from the facility had discussed with him the retrieval of his items. Resident 1 stated after a while they found his wallet and the only item obtained was his identification card while the rest of his items were still missing. During an interview on [DATE], at 11:14 AM, with Certified Nurse Assistant (CNA) 1, CNA 1 stated when a resident was hospitalized the CNA assigned to that resident would place all of the resident's clothing in a bag. CNA 1 then stated all items that belonged to the resident would be removed from the resident's room